

<i>SERFF Tracking Number:</i>	<i>CNNA-125874923</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Cincinnati Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CCHU-08-6004-AR</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non- Liability</i>	<i>Sub-TOI:</i>	<i>05.0000 CMP Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>CCHU-08-6004-AR</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: CCHU-08-6004-AR

SERFF Tr Num: CNNA-125874923 State: Arkansas

TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 05.0000 CMP Sub-TOI Combinations Co Tr Num: CCHU-08-6004-AR

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Llyweyia Rawlins, Brittany Yielding

Author: Sharon Whitaker

Disposition Date: 10/29/2008

Date Submitted: 10/27/2008

Disposition Status: Approved

Effective Date Requested (New): 05/01/2009

Effective Date (New): 05/01/2009

Effective Date Requested (Renewal): 05/01/2009

Effective Date (Renewal): 05/01/2009

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/29/2008

State Status Changed: 10/29/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

At this time, we wish to file forms CG 201 08 07 per the attached explanatory memorandum.

Final printed copies are attached for your review.

SERFF Tracking Number: CNNA-125874923 State: Arkansas
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 Company Tracking Number: CCHU-08-6004-AR
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations
 Liability
 Product Name: CCHU-08-6004-AR
 Project Name/Number: /

Please be advised that we work on a 90-days-in-advance schedule. As a result, we would appreciate your approval by February 1, 2009 for the software to be mailed to our agents on March 1, 2009 for the effective date of May 1, 2009.

Your approval is respectfully requested for use on policies effective on or after May 1, 2009.

Company and Contact

Filing Contact Information

Sharon Grubbs, Senior Filings Analyst sharon_grubbs@cinfin.com
 6200 S. Gilmore Road (513) 870-2091 [Phone]
 Fairfield, OH 45014

Filing Company Information

The Cincinnati Insurance Company CoCode: 10677 State of Domicile: Ohio
 6200 S. Gilmore Road Group Code: 244 Company Type:
 Fairfield, OH 45014 Group Name: State ID Number:
 (513) 870-2000 ext. [Phone] FEIN Number: 31-0542366

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Insurance Company	\$50.00	10/27/2008	23494327

<i>SERFF Tracking Number:</i>	<i>CNNA-125874923</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non-</i>	<i>Sub-TOI:</i>	<i>05.0000 CMP Sub-TOI Combinations</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>CCHU-08-6004-AR</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 10/29/2008

Effective Date (New): 05/01/2009

Effective Date (Renewal): 05/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CNNA-125874923 State: Arkansas

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TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations
Liability

Product Name: CCHU-08-6004-AR

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	MEMORANDUM	Approved	Yes
Form	RELIGIOUS INSTITUTIONS PACKAGE CRIME COVERAGE ENHANCEMENT	Approved	Yes

SERFF Tracking Number: CNNA-125874923 State: Arkansas

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TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations
Liability

Product Name: CCHU-08-6004-AR

Project Name/Number: /

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	RELIGIOUS INSTITUTIONS PACKAGE CRIME COVERAGE ENHANCEMENT	CG 201	08 07	Endorsement/Amendment/Conditions	Replaced Form #:0.00 CG 201 01 99 Previous Filing #: ?		CG201 08-07.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

RELIGIOUS INSTITUTIONS PACKAGE CRIME COVERAGE ENHANCEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL CRIME COVERAGE FORM

SCHEDULE

Special Coverage Days: 1.) _____ 4.) _____
2.) _____ 5.) _____
3.) _____

I. Section F. Definitions, 5. "Employee", Paragraph a. is amended to include the following:

"Employee" means:

Any natural person, whether or not compensated, who is duly elected or appointed by you to render service in one or more of the following capacities, while rendering service to you in such capacities:

- (1) Any Director or Trustee,
- (2) Any natural person, whether compensated or not, who renders service to you as a solicitor or as a volunteer worker and who, while so serving, engages in campaigns for you to raise funds, or
- (3) Any natural person, other than one engaged in the solicitation of funds, who renders service to you without compensation and who, while so serving, performs acts coming within the scope of the usual duties of any of your officers, clerks or other "employees".

II. With respect only to Section A., Insuring Agreements, Insuring Agreement 3. Inside The Premises - Theft of Money and Securities, and Insuring Agreement 5. Outside the Premises, Sections B. and C. are deleted in their entirety and replaced with the following:

B. Limit of Insurance

The most we will pay for loss in any one "occurrence" is the applicable Limit of Insurance shown in the Declarations.

The Limit of Insurance shall be twice the amount shown in the Declarations for loss occurring within seven days prior (12:01 AM) to each "special coverage day" until seven days after (12:00 midnight) each "special coverage day".

"Special coverage day" means one of five holidays: Easter Day, Mother's Day, Thanksgiving Day, Christmas Day, New Year's Day, unless replaced by a different holiday specified in the schedule of this endorsement.

C. Deductible

We will not pay for loss in any one "occurrence" unless the amount of loss exceeds the Deductible Amount shown in the Declarations. We will then pay the amount of loss in excess of the Deductible Amount, up to the Limit of Insurance.

In the event more than one Deductible Amount could apply to the loss, only the highest Deductible Amount may be applied.

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	<i>Liability</i>		
<i>Product Name:</i>	<i>CCHU-08-6004-AR</i>		
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Rate Information

Rate data does NOT apply to filing.

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Company Tracking Number: CCHU-08-6004-AR
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Liability
Product Name: CCHU-08-6004-AR
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty
Review Status: Approved 10/29/2008
Comments:
Attachments:
F777AR_CCHU-08-6004-AR.pdf
F778AR_307 CCHU-08-6004-AR.pdf

Satisfied -Name: MEMORANDUM
Review Status: Approved 10/29/2008
Comments:
Attachment:
#MEMOF.pdf

Property & Casualty Transmittal Document

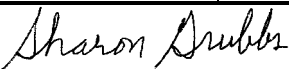
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
The Cincinnati Insurance Company	0244

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Cincinnati Insurance Company	Ohio	0244-10677	31-0542366	03

5. Company Tracking Number	CCHU-08-6004-AR
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
6200 South Gilmore Road Fairfield, Ohio 45014-5141	Senior Filing Specialist	513-870-2091	513-888-8884	Sharon_grubbs@cinfin.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Sharon Grubbs		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Multiple Lines
10. Sub-Type of Insurance (Sub-TOI)	RELIGIOUS INSTITUTIONS PACKAGE PROGRAM
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	n/a
12. Company Program Title (Marketing title)	n/a
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 05/01/2009 Renewal: 05/01/09
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	n/a
17. Reference Organization # & Title	n/a
18. Company's Date of Filing	10/27/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	CCHU-08-6004-AR
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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See Memorandum

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: EFT FILING

Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		CCHU-08-6004-AR		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		N/A		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	RELIGIOUS INSTITUTIONS PACKAGE CRIME COVERAGE ENHANCEMENT	CG 201 08 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CG 201 01 99	?
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

**ARKANSAS
RELIGIOUS INSTITUTIONS PACKAGE PROGRAM
FORMS MEMORANDUM**

NEW FORM	OLD/WITHDRAWN FORM	TITLE/DESCRIPTION OF CHANGE
CG 201 08 07	CG 201 01 99	RELIGIOUS INSTITUTIONS PACKAGE CRIME COVERAGE ENHANCEMENT The form is amended to correspond to the crime forms which are amended in a separate filing.